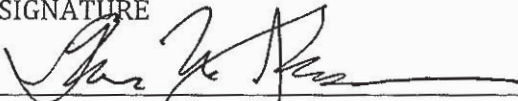


TRANSCRIPT ORDER FORM

DUE DATE:

Please Read Instructions on Page 2.

1. REQUESTOR'S INFORMATION:	NAME Tom Jackman	TELEPHONE NUMBER 202-302-3707
DATE OF REQUEST 1-21-21	EMAIL ADDRESS (<i>Transcript will be emailed to this address.</i>) tom.jackman@washpost.com	
MAILING ADDRESS 3900 University Dr., Suite 130		CITY, STATE, ZIP CODE Fairfax, VA 22030
2. TRANSCRIPT REQUESTED:	NAME OF COURT REPORTER <u>OR</u> CHECK HERE <input checked="" type="checkbox"/> IF HEARING WAS RECORDED BY FTR	
CASE NUMBER 5:21-mj-00004	CASE NAME US v. Caldwell	JUDGE'S NAME Hoppe
DATE(S) OF PROCEEDING(S) 1-19-21	TYPE OF PROCEEDING(S) Initial appearance for Rule 5 hearing	LOCATION OF PROCEEDING Harrisonburg, VA
REQUEST IS FOR: (<i>Select one</i>) <input checked="" type="checkbox"/> FULL PROCEEDING <u>OR</u> <input type="checkbox"/> SPECIFIC PORTION(S) (<i>Must specify below</i>) SPECIFIC PORTION(S) REQUESTED (<i>If applicable</i>):		
3. SERVICE TURNAROUND CATEGORY REQUESTED: (<i>See Page 2 for descriptions of each service turnaround category.</i>)		
<input type="checkbox"/> Ordinary (30-Day) <input type="checkbox"/> 14-Day <input type="checkbox"/> Expedited (7-Day) <input type="checkbox"/> 3-Day	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> RealTime	CLERKS OFFICE U.S. DIST. COURT AT ROANOKE, VA FILED 1/21/2021 JULIA C. DUDLEY, CLERK BY: s/S. Duffy DEPUTY CLERK
4. CERTIFICATION: By signing below, I certify that I will pay all charges (deposit plus additional).		
DATE 1-21-21	SIGNATURE 	

If you have any questions, please contact the court reporter coordinator at (540) 857-5152 or by email to CRC@vawd.uscourts.gov.

Transcript Fee Rates can be found on our website under Standing Orders at:

<http://www.vawd.uscourts.gov/media/1576/transcripts2018-3.pdf>

NOTE: Form must be flattened prior to electronically filing in CM/ECF so that all fillable fields can no longer be modified.